

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 101823796

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2				2		
3				1		
4				2		
5				2		
6				2		
7				2		
8			1			
9			1			
10				2		
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TOTAL IND.		5				
TOTAL DEP.		13				
TOTAL CLAIMS		18				

	IND	DEP	IND	DEP	IND	DEP
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